

UTILITY
PATENT APPLICATION
TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.401)

Attorney Docket No.	202240-Sub
First Inventor or Application Identifier	Motoyuki NAKAMURA, et al.
Title	ANALGESIC AGENT
Assignee Name:	SEIWA PHARMACEUTICALS, LTD.
Assignee Address:	12-15, SHIBADAIMON 1-CHOME, MINATO-KU, TOKYO-TO, JAPAN

10/22/01
U.S. PTO

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification Total Sheets **21**

3. Drawing(s) (35 U.S.C. 113) Total Sheets **2**
(Formals)

4. Oath or Declaration Total Pages

a. Newly executed (original or copy)

b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 16 completed)

i. **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).

5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. Paper

c. Statements verifying identity of above copies

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. Application Data Sheet. See 37 CFR 1.76
9. 37 C.F.R. §3.73(b) Statement *(when there is an assignee)* Power of Attorney
10. English Translation Document *(if applicable)*
11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. White Advance Serial No. Postcard
14. Certified Copy of Priority Document(1) *(if foreign priority is claimed)*
15. Applicant claims small entity status.
See 37 CFR 1.27
16. Other: Notice of Priority, List of Inventors' Names and Addresses

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Group Art Unit:

Prior application information: Examiner:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on

Which was published in English

Which was not published in English

This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



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10/22/01
U.S. PTO
09/765425



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Motoyuki NAKAMURA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ANALGESIC AGENT

jc997 U.S. 201
09/765425
01/22/01



FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	6 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	× \$80 =	\$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$270.00
■ LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$1,110.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,110.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- A check in the amount of \$1,110.00 to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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